

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		2					55				
6		2					56				
7		2					57				
8	1						58				
9	1						59				
10		1					60				
11		2					61				
12		2					62				
13		2					63				
14		2					64				
15		2					65				
16	1						66				
17		1					67				
18		2					68				
19		2					69				
20		2					70				
21		2					71				
22	1						72				
23		1					73				
24		2					74				
25		2					75				
26		2					76				
27		2					77				
28		2					78				
29		2					79				
30	1						80				
31	1						81				
32	1						82				
33		1					83				
34	1						84				
35		1					85				
36	1						86				
37	1						87				
38		1					88				
39	1						89				
40		1					90				
41		2					91				
42	1						92				
43		1					93				
44		1					94				
45		3					95				
46		3					96				
47		3					97				
48		3					98				
49	1						99				
50							100				
TOTAL IND.	14						TOTAL IND.				
TOTAL DEP.	64						TOTAL DEP.				
TOTAL CLAIMS	78						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS